

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	B.M.	43	6/14/01
FORMALITY REVIEW	A.T.	1071	06-05-01
RESPONSE FORMALITY REVIEW	M.V.	625	08/01/01
			10-22-01

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 " ..... Allowed I ..... Interference  
 (Through numeral) ... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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826 8.01.01  
 855 12/13/01